State of South Dakota EMPLOYMENT APPLICATION

Rev. 10/06

Instructions: Complete Section One and attach resume and/or complete remainder of application. Application must be postmarked within 24 hours after the closing date. You must submit a separate application for each job opening. For job information, contact the Bureau of Personnel at (605) 773-3148, or the Job Line at (605) 773-3326, or at www.state.sd.us/jobs. You may submit your application on-line, mail it to PMB 0141-1, Bureau of Personnel, 500 E Capitol, Pierre, SD 57501, or fax it to (605) 773-4344. It is the applicant's responsibility to maintain an updated and accurate address on file with the Bureau of Personnel. We will not resend or forward returned correspondence.

SECTION 1 - REQUIRED INFORMATION
Requisition Number Job Title
Social Security Number Name
Last First Middle
Mailing Address Street/Avenue, Box, Apartment, Lot, or Trailer City State Zip+4 E-mail Address
Telephone (H) (W) Are you under age 18?
Are you a U.S. citizen or currently authorized to work in the United States on a full-time basis? Yes No Note: The State of South Dakota does not sponsor or assist persons in their efforts to become authorized to work in the United States.
Have you ever been convicted of or pled guilty or nolo contendere/no contest to any felony? Yes No
If yes, please explain:
Note: A conviction will not automatically disqualify an applicant. The employer will consider the type and seriousness of the crime, the frequency of violations, the applicant's age at the time of conviction, and the date of conviction or time elapsed since the conviction or completion of any jail sentence in addition to other job-related criteria.
Have you ever been employed by the State of South Dakota?
Veterans: To receive veteran's preference, you must submit your DD-214 and current VA disability certification (if applicable). If you are eligible you will automatically receive veteran's preference. List place of residence if different from mailing address:
To receive disability preference, you must be certified by a state Rehabilitation Counselor and have a form on file with the Bureau of Personnel.
May we contact your current employer regarding your qualifications prior to making an offer of employment to you? Yes No PROFESSIONAL REFERENCES – PLEASE INCLUDE NAME. ADDRESS. AND TELEPHONE NUMBER:
1
2
3
By submitting this application, you are certifying that the information is true, correct, and complete to the best of your knowledge and belief. A false or misleading statement or intentional omission of relevant information is cause for disciplinary action, including termination of employment.
OFOTION OF FRUIDATION
SECTION 2 - EDUCATION If all requested information is included on an attached resume, you do not need to complete this section.
Do you possess a high school diploma or GED? ☐ Yes ☐ No School Name/City/State
Name and Address of Post-Secondary School
Dates Attended to Major Minor
Did you graduate? ☐ Yes ☐ No Type of degree
Name and Address of Post-Secondary School
Dates Attended to Major Minor
Did you graduate? ☐ Yes ☐ No Type of degree
List all relevant licenses, certificates or registrations you possess (include expiration date, license number, and issuing state). Also, identify any other educational experiences that may be relevant to the position for which you are applying.

SECTION 3 – WORK HISTORY

- If all requested information is included on an attached resume, you do not need to complete this section.
- Begin with your current or most recent position and work backwards; attach additional pages if necessary. Include all paid experience; you may include non-paid experience if you feel it may be pertinent to this position..

Job Title Employer Supervisor's Name/Title Reason for Leaving Duties performed and knowledge or skills gained from this experience	_ City/State _ Phone		
Job Title	_ Dates: From		То
Employer	_ City/State		
Supervisor's Name/Title	_ Phone		_
Reason for Leaving		_ Final Salary	
Duties performed and knowledge or skills gained from this experience			
Job Title	_ Dates: From		То
Employer	_ City/State		
Supervisor's Name/Title	_ Phone		
Reason for Leaving		_ Final Salary	
Duties performed and knowledge or skills gained from this experience			
Job Title	_ Dates: From		То
Employer	_ City/State		
Supervisor's Name/Title	_ Phone		
Reason for Leaving		_ Final Salary	
Duties performed and knowledge or skills gained from this experience			

EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION STATISTICS

The State of South Dakota is an Equal Opportunity Employer.

The information below is required by state and federal regulations for statistical and affirmative action purposes and in no way

influences employment prospects. This page is separated from your application immediately. The information is maintained confidentially and is not available to any employing agency. Your responses are voluntary. Sex: ☐ Male ☐ Female **Birth Date:** Racial / Ethnic Group: (1) White (not of Hispanic origin): All (2) Black (not of Hispanic origin): All (3) Hispanic: All persons of Mexican, persons having origins in any of the persons having origins in any of the Puerto Rican, Cuban, Central or South original peoples of Europe, North Africa, Black racial groups of Africa. American, or other Spanish culture or or the Middle East. origin, regardless of race. (4) Asian or Pacific Islander: All persons having origins in any of (5) American Indian or Alaskan Native: All persons having the original peoples of the Far East, Southeast Asia, the Indian origins in any of the peoples of North America, and who maintain Subcontinent, or the Pacific Islands. This area includes, for cultural identification through tribal affiliation or community example: China, India, Japan, Korea, the Philippine Islands, and recognition. Samoa.

Disability: Do you have a physical or mental impairment that limits one or more of your major life activities (e.g. walking, hearing, speaking, seeing, breathing, and learning)?

Yes
No

Please help us provide the best service possible to our job applicants by answering the following questions. The information will not be shared with other agencies, but will be used to evaluate and improve our service. Thank you for your assistance.

How did you learn about this position? (Please check only one)

□ 2	South Dakota Career Center Location
	Other state department
	Current state employee
□ 5	School or University Location
□ 6	Tribal or BIA employment assistance office
□ 7	Friend
□ 8	Internet
□ 9	Television or radio
□ 10	Newspaper
□ 11	Other
□ 12	Job Fair
□ 13	State Recruiter
Were you treat	ted courteously when requesting job information about state government? Yes No

☐ Yes ☐ No

If you answered "no" to any of the above, please explain.

Was the state job information easily understood?

Was the state job information readily available upon request?

In compliance with the Cleary Disclosure of Campus Security Policy and Crime Statistics Act, each university governed by the South Dakota Board of Regents provides information on crime statistics, crime prevention, law enforcement, crime reporting, and other related issues on their respective campus. This information is available at the following websites and/or campus locations: BHSU http://www.bhsu.edu/resources/facilitiesservices/security/security.htm, DSU http://www.bhcnet.org/cgi-bin/qlobal/a bus card.cqi?SiteID=352153U, SDSU http://www.bhcnet.org/cgi-bin/qlobal/a bus card.cqi?SiteID=352153U, SDSU http://www.bhcnet.edu/studentlife/safetysecurity/bulletin/index.cfm, & USD http://www.bhcnet.edu/studentlife/safetysecurity/bulletin/index.cfm

☐ Yes ☐ No

DO NOT

WRITE

ON THIS PAGE